



Program Modification Form

Instructions: Complete Parts 1, 2 and 5, and complete the other sections as they apply to the modifications you are requesting.

PART 1: PROVIDER INFORMATION		
Program ID #:	Date Submitted:	
Name of company or institution (designated the "accreditable unit"):		
Address:		
Phone #:	Alternate #:	
1.1 Person Requesting Change		
First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:	Email Address:	
Phone #:		

PART 2: MODIFICATION(S) REQUESTED (Check all that apply.)
Program Modification – Complete Part 3 (Supply program materials that support modification requested)
<input type="checkbox"/> Course Manual and Cross Reference revised <input type="checkbox"/> Course Outline/agenda revised <input type="checkbox"/> Curriculum revised
<input type="checkbox"/> Language (if requesting a new language for a course already approved) <input type="checkbox"/> Simulator functionality altered
<input type="checkbox"/> Simulator added/replaced <input type="checkbox"/> Training location added/removed
Changes To Contact Information – Complete Part 4
<input type="checkbox"/> Administrator/Official changed <input type="checkbox"/> Company Name changed <input type="checkbox"/> Address changed
<input type="checkbox"/> Floor plan change (Attach additional information, as needed, such as WCT-03F Facility Floor Plan(s) form.)
<input type="checkbox"/> Remove Instructor(s) <input type="checkbox"/> Other (Explain):

PART 3: COURSE MODIFICATION(S)

3.1 Course(s) Affected

Introductory – Well Servicing Supervisory – Underbalanced Drilling

3.2 Language Added

English Spanish Arabic Mandarin Other (specify):

3.3 Changes to Training Facility Locations

List all **fixed** training facility locations administered from the Primary Location and affected by this modification.

<u>Facility Address</u>	<u>City</u>	<u>State</u>	<u>Country</u>	<u>Add/Remove</u>	
				<input type="checkbox"/> Add	<input type="checkbox"/> Remove
				<input type="checkbox"/> Add	<input type="checkbox"/> Remove
				<input type="checkbox"/> Add	<input type="checkbox"/> Remove
				<input type="checkbox"/> Add	<input type="checkbox"/> Remove
				<input type="checkbox"/> Add	<input type="checkbox"/> Remove

3.3 Description/Details of Modification(s)

List and describe all modifications and the course(s) to which they apply, if more than one is selected above. If applicable, specify any stack types or supplements that are included in the course.

3.4 Reason for Modification(s)

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PART 4: CHANGES TO COMPANY OR CONTACT INFORMATION

4.1 Changes to Name or Contact Information of Officials or Administrators

New Responsible Corporate Official

First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate #:
Email Address:		

Former Responsible Corporate Official (to be Removed)

First (Given) Name:	Middle Name:	Last (Family) Name:
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New Administrative Contact/Correspondent:

First (Given) Name:	Middle Name:	Last (Family) Name:
Job Title:		
Phone:	Fax:	Alternate:
Email Address:		

Former Administrative Contact/Correspondent: (to be Removed)

First (Given) Name:	Middle Name:	Last (Family) Name:
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4.2 Changes to Name of Company or Web Address

Has your company operated under a different name in the past 5 years? Yes No

If **YES**, prior name:

What is the new name of your company?

Does the company have a new website address? Yes No

If **YES**, please provide the new web address:

Reason(s) for change(s):

4.3 Changes to Provider's Primary Administrative Location ("Accreditation Location") **No PO Boxes**

Address Line 1:

Address Line 2:

City:

State:

Country:

Zip/Postal Code:

4.4 Changes to Billing Address of Provider (if different from Primary Location)

Address Line 1:

Address Line 2:

City:

State:

Country:

Zip/Postal Code:

4.5 Changes to Instructors

Please list any changes to WellCAP Instructors linked to your accreditation.

INSTRUCTOR'S NAME

CERTIFICATE NUMBER

DATE OF BIRTH

REMOVE

Remove

Remove

Remove

Remove

Remove

Remove

4.6 Other Change(s)

Describe the Modification(s) being implemented and give the reason for the modification.

PART 5: COMPANY OFFICIAL APPROVING MODIFICATION REQUEST

Signature of Responsible Corporate Official of Company:

Date:

Print or type name and title of Responsible Corporate Official of company.

First (Given) Name

Middle Name

Last (Family) Name

Title of Responsible Corporate Official of Company: